



BlueCross BlueShield of Texas

PO Box 7344  
Chicago, IL 60680-7344

OLIVIA N. CANNON

## EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed.  
**This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS**



Customer Service Hours  
8:00 A.M. - 6:00 P.M. C.S.T.  
Visit our website at [www.bcbstx.com/ut](http://www.bcbstx.com/ut)



Have questions about this EOB? Customer Advocates are here to help! 1-866-882-2034

### SUBSCRIBER INFORMATION THE UNIVERSITY OF TEXAS SYSTEM

### TOTAL OF CLAIM

Amount Billed	\$94,031.00
Discounts, reductions and payments	- \$39.42
<b>You may have to pay your provider</b>	<b>\$93,991.58</b>

### SERVICE DETAIL - CLAIM (1)

PATIENT: OLIVIA N. CANNON

PROVIDER: TRAXX MEDICAL HOLDINGS LLC

CLAIM #: [REDACTED]

SERVICE DATE: 12/11/2017

Processed: 11/14/2018

Service Description	Amount billed	PLAN PROVISIONS		YOUR RESPONSIBILITY		
		Discounts and reductions	Amount covered (allowed)*	Deductible and copay amount	Coinsurance	Amount not covered
Diag. Medical Exam	84,000.00		653.00	653.00		(1) 83,347.00
Diag. Medical Exam	6,257.00		46.07	46.07		(1) 6,210.93
Diag. Medical Exam	2,254.00		82.36	50.93	12.57	(1) 2,171.64
Diag. Medical Exam	1,520.00		34.26		13.70	(1) 1,486.74
<b>CLAIM TOTALS</b>	<b>\$94,031.00</b>	<b>\$0.00</b>	<b>\$815.69</b>	<b>\$750.00</b>	<b>\$26.27</b>	<b>\$93,215.31</b>

\*Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

(1) Services provided are covered up to the allowable amount. The amount billed is greater than the allowable amount for this service. You may be responsible for this amount.

Total covered benefits approved for this claim: \$39.42 to TRAXX MEDICAL HOLDINGS LLC on 11-14-18.

### SUMMARY (1)

PLAN PROVISIONS		YOUR RESPONSIBILITY	
Amount covered (allowed)*	\$815.69	Deductible and copay amount	+ \$750.00
Deductible and copay amount	- \$750.00	Coinsurance	+ \$26.27
Coinsurance	- \$26.27	Amount not covered	+ \$93,215.31
<b>Total</b>	<b>\$39.42</b>	<b>You may have to pay your provider</b>	<b>\$93,991.58</b>

Health Care Fraud Hotline: 800-543-0867  
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Texas, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to [bcbstx.com](http://bcbstx.com)

(A) Your Health Care Plan reduces benefits when a patient receives services from a provider that is not a member of the Participating Provider Option (PPO) network. Since you elected to receive services from a provider that is not part of this network, you are responsible for the first \$750.00 and 40% of eligible charges.



**Patient:** Cannon, Olivia N**DOB:** [REDACTED]**Phone:** [REDACTED]**Address:** [REDACTED]**Claim Date:** 12/21/2017**Encounter Date:** 12/11/2017**Provider:** HUMMELL, MATTHEW K**Total Amount:** \$ 6380.00**Payments/Adjustments:** \$ 6380.00**Balance:** \$ 0.00**Claim Number:** [REDACTED]**Filing Status:** Patient**ICD Codes:**

G95.0 Acquired syringomyelia.

D17.9 Lipoma.

Q06.0 Amyelia.

**CPT Codes:**

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units
63200 RELEASE SPINAL CORD LUMBAR		12/11/2017	12/11/2017	21-INPATIENT HOSPITAL	2 -Surgery	\$4,666.00	1.00
63295 REPAIR LAMINECTOMY DEFECT		12/11/2017	12/11/2017	21-INPATIENT HOSPITAL	2 -Surgery	\$1,035.00	1.00
69990 MICROSURGERY ADD-ON		12/11/2017	12/11/2017	21-INPATIENT HOSPITAL	2 -Surgery	\$679.00	1.00

**Insurances:**

Name	Group No	Subscriber No	Type	File Status
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PATIENT NO: [REDACTED] BILLING DATE 12/20/17 PAGE 1 [REDACTED]  
MED REC NO: [REDACTED]  
GUARANTOR NO:  
PATIENT: AUSTIN [REDACTED] ADMITTED 12/11/17 DISCHARGED 12/16/17  
CANNON OLIVIA NOELLE

PAY TO ADDRESS: ST DAVIDS MEDICAL CTR  
PO BOX 406167  
ATLANTA  
GA 303846167

BILL TO: CANNON OLIVIA NOELLE INPATIENT FC=13  
[REDACTED] ADMIT THRU DISCHARGE CLAIM

DATE OF SERVICE	ATT	PHYS	FC	ROOM	AC	SERV CODE	REV CODE	DEPT	ROOM DAYS	CARE CHARGE	ROOM CHARGES	NONBILL CHARGES
12/11/17	1458	13	415AA	P	NEU	110	0607		5 X	1429.00	7145.00	.00

TOTAL ROOM AND CARE 7145.00  
TOTAL NON BILLABLE ROOM AND CARE .00  
TOTAL BILLED ROOM AND CARE 7145.00

DATE OF SERVICE	BATCH REF	F	DEPT	S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
250-PHARMACY									
121117	11B577	0712			440604			1-METHYLPRED ACET 40MG I	99.00-
121117	11B436	0712			444989			1 ROCURONIUM 50MG VIAL	49.00
121117	11B436	0712			442455			1 LIDOCAINE 2% 5ML SDV	49.00
121117	11B508	0712			440214			1 BACITRACIN OINT 30GM	15.00
121117	11B435	0712			440604			1 METHYLPRED ACET 40MG I	99.00
121117	11B435	0712			444986			2 THROMBIN (RECOM) 5000	996.00
121117	11B435	0712			442717			1 BUPIVACAINE .25% W/E S	49.00
121117	11B435	0712			440216			1 BACITRACIN 50,000U INJ	188.00
121117	11B540	0712			442039	409909412	1	FENTANYL 100MCG INJ	37.50
121117	11B571	0712			442039	409909412	1	FENTANYL 100MCG INJ	37.50
121117	11B571	0712			442039	409909412	1	FENTANYL 100MCG INJ	37.50
121117	11B509	0712			442039	409909412	1	FENTANYL 100MCG INJ	37.50
121117	11B540	0712			442039	JW	1	FENTANYL 100MCG INJ	37.50
121117	11B571	0712			442039	JW	1	FENTANYL 100MCG INJ	37.50
121117	11B571	0712			442039	JW	1	FENTANYL 100MCG INJ	37.50
121117	11B509	0712			442039	JW	1	FENTANYL 100MCG INJ	37.50
SUBTOTAL:									1646.00

251-DRUGS/GENERIC									
121117	11B506	0712			441106			1 OPHTHALMIC LUBRICANT	81.00
121217	12B728	0712			440227	904555159	1	DIPHENHYDRAMINE 25MG C	5.00
121217	12B728	0712			442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121217	12B646	0712			442334	51079028501	1	DIAZEPAM 5MG TAB	17.00

THIS IS AN ITEMIZED STATEMENT AND DOES NOT INCLUDE  
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PATIENT NO:  
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BILLING DATE  
12/20/17

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PATIENT:  
CANNON OLIVIA NOELLE

AUSTIN

ADMITTED  
12/11/17

DISCHARGED  
12/16/17

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121317	13B022	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121317	13B873	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121417	14B157	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121417	14B083	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121417	14B279	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121517	15B495	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121517	15B461	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121617	16B527	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
121617	16B563	0712	442334	51079028501	1	DIAZEPAM 5MG TAB	17.00
SUBTOTAL:							273.00
258-IV SOLUTIONS							
121117	11B591	0715	450203	338069104	1	NS + KCL 20MEQ 1000CC	336.00
121217	12B817	0715	450049	338004903	1	NACL .9% 500ML	272.00
121217	12B817	0715	450049	338004903	1	NACL .9% 500ML	272.00
121217	12B833	0715	450048	338004904	1	NACL .9% 1000ML	336.00
121217	12B651	0715	450203	338069104	1	NS + KCL 20MEQ 1000CC	336.00
121317	13B934	0715	450048	338004904	1	NACL .9% 1000ML	336.00
121317	13B022	0715	450048	338004904	1	NACL .9% 1000ML	336.00
121317	13B937	0715	450051	338004948	1	NACL .9% 100ML IVPB	184.00
SUBTOTAL:							2408.00
259-DRGS/OTHER							
121117	11B608	0712	440221		1	MUPIROCIN 2% OINTMENT	163.00
121117	11B591	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121117	11B608	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121117	11B608	0712	443909	51079054301	1	ESCITALOPRAM 10 MG TAB	43.00
121117	11B608	0712	441873	68084005711	1	METHOCARBAMOL-750	6.00
121117	11B591	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121117	11B608	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121217	12B817	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121217	12B730	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121217	12B763	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121217	12B646	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121217	12B651	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121217	12B817	0712	443909	51079054301	1	ESCITALOPRAM 10 MG TAB	43.00
121217	12B730	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
121217	12B817	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121217	12B730	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121217	12B834	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121217	12B763	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00

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12/20/17

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PATIENT:  
CANNON OLIVIA NOELLE

AUSTIN

ADMITTED  
12/11/17

DISCHARGED  
12/16/17

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121217	12B646	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121217	12B651	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121317	13B022	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121317	13B934	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
121317	13B022	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
121317	13B022	0712	443909	51079054301	1	ESCITALOPRAM 10 MG TAB	43.00
121317	13B934	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
121317	13B868	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
121317	13B022	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
121317	13B873	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121317	13B934	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121317	13B938	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121317	13B003	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121317	13B022	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121417	14B083	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121417	14B088	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121417	14B256	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121417	14B158	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121417	14B231	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121417	14B154	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121417	14B232	0712	440705	713010906	1	BISACODYL 10MG SUPP	1.00
121417	14B154	0712	440706	904640761	2	BISACODYL 5MG TAB	2.00
121417	14B256	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
121417	14B154	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
121417	14B255	0712	443909	51079054301	1	ESCITALOPRAM 10 MG TAB	43.00
121417	14B088	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
121417	14B256	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
121417	14B158	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
121417	14B083	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121417	14B088	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121417	14B256	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121417	14B158	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121417	14B231	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121417	14B154	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121517	15B329	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121517	15B324	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121517	15B400	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121517	15B494	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121517	15B461	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00

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PATIENT NO:		BILLING DATE	PAGE	4	
MED REC NO:		12/20/17			
GUARANTOR NO:					
PATIENT:	AUSTIN		ADMITTED	DISCHARGED	
CANNON OLIVIA NOELLE			12/11/17	12/16/17	

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/HCP	QTY	SERVICE DESCRIPTION	CHARGES
121517	15B403	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121517	15B494	0712	443820	904642286	1	MIRALAX 17 GM POWDER	20.00
121517	15B494	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
121517	15B477	0712	443909	51079054301	1	ESCITALOPRAM 10 MG TAB	43.00
121517	15B400	0712	445334	51079088601	1	METOCLOPRAMIDE 5 MG TA	4.00
121517	15B329	0712	441873	68084005711	2	METHOCARBAMOL-750	12.00
121517	15B329	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121517	15B324	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121517	15B400	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121517	15B494	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121517	15B461	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121517	15B403	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121617	16B526	0712	443057	406055223	1	ROXICODONE 5MG TAB	14.00
121617	16B549	0712	440706	904640761	2	BISACODYL 5MG TAB	2.00
121617	16B549	0712	443820	904642286	1	MIRALAX 17 GM POWDER	20.00
121617	16B549	0712	440459	904645561	1	DOSS 100MG CAPS	1.00
121617	16B550	0712	441635	68084015411	1	PROMETHAZINE 12.5MG TA	6.00
121617	16B526	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
121617	16B550	0712	441604	68084035511	2	OXYCODONE/APAP TAB	28.00
SUBTOTAL:							1591.00
270-MED-SURG SUPPLIES							
121117	11B435	0712	440886		1	GELFOAM-100 SPONGE	153.00
SUBTOTAL:							153.00
272-STERILE SUPPLIES							
121117	11B570	0718	281320		1	SET IV ADM 90IN 3ML PR	65.00
121117	12B820	0718	272894		1	SURGICEL ABS 4X8IN	561.00
121117	12B820	0718	273784		1	TOOL DSCT MDSRX 140X3	1203.00
121117	12B820	0718	276907		1	TELFA	1.00
121117	12B820	0718	313749		1	ELCTR BLDE 6.99 INSUL	1415.00
121117	12B820	0718	314845		1	BUR LGND 8 2.3 TPS ELT	806.00
121117	12B820	0718	329117		2	SURGFLO HEMOS MATRX KI	3720.00
121117	12B820	0718	265416		1	SUTURE PRLN CT1 BLU842	37.00
121117	12B820	0718	266780		2	SUTURE VCRYL 0 J840D	318.00
121117	12B820	0718	272533		1	WAX BN 2.5GM HMSTC AGN	68.00
121117	12B820	0718	272703		2	SUTURE VCRYL 2-0 J762D	370.00
121117	14ETUB	0718	280455		1	CENTRAL SERVICE SUPP	5230.00
121217	13B001	0718	319311		1	SET ADM IV 125IN 20 GT	66.00
SUBTOTAL:							13860.00

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PATIENT NO:  
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PATIENT:  
CANNON OLIVIA NOELLE

AUSTIN

ADMITTED DISCHARGED  
12/11/17 12/16/17

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/HCP	QTY	SERVICE DESCRIPTION	CHARGES
278-SUPPLY/IMPLANTS							
121117	12B820	0717	314028		1	GRAFT BN DBM PUTTY 5CC	6467.00
121117	12B820	0717	278418	C1713	26	SCREW SELF DRILLING 4M	22048.00
121117	12B820	0717	312181	C1713	1	PLATE BN 12MMX.5MM STR	750.00
121117	12B820	0717	322961	C1713	8	PLATE BN .5MM STR CRNM	6000.00
SUBTOTAL:							35265.00
301-LAB/CHEMISTRY							
120817	08B124	0736	290915	80048	1	BMP TOTAL CALCIUM	623.00
SUBTOTAL:							623.00
305-LAB/HEMATOLOGY							
120817	08B124	0736	291091	85610	1	PROTIME	271.00
120817	08B124	0736	290027	85730	1	PTT	311.00
120817	08B124	0736	290015	85027	1	CBC	240.00
SUBTOTAL:							822.00
307-LAB/UROLOGY							
121117	11B432	0736	290086	81025	1	PREG URINE QUAL	179.00
SUBTOTAL:							179.00
310-PATH/LAB							
121117	11B502	0732	300502	88304	1	SURG PATH LEVEL 3	640.00
121117	12B800	0732	300502	88304	1	SURG PATH LEVEL 3	640.00-
121117	12B793	0732	300503	88305	1	SURG PATH LEVEL 4	823.00
121117	12B793	0732	300927	88342	1	IHC AB STAIN	589.00
121117	13B025	0732	300503	88305	1	SURG PATH LEVEL 4	823.00-
121117	13B020	0732	300504	88307	1	SURG PATH LEVEL 5	977.00
SUBTOTAL:							1566.00
360-OR SERVICES							
121117	12B820	0701	221003		1	SURGERY LEVEL 4	10898.00
121117	12B820	0701	221006		279	OR TIME PER MIN	16461.00
SUBTOTAL:							27359.00
370-ANESTHESIA							
121117	12B820	0722	270001		1	ANESTHESIA 0-60 MIN	1563.00
121117	12B820	0722	270002		9	ANESTHESIA EA ADD'L 30	4608.00
SUBTOTAL:							6171.00
420-PHYSICAL THERP							
121317	13B998	0762	490146	97116GP	1	GAIT TRAINING 15 MIN P	125.00
121417	14B227	0762	490146	97116GP	2	GAIT TRAINING 15 MIN P	250.00
121517	15B458	0762	490155	97530GP	1	THER ACTIV DIR 15 MIN	160.00
SUBTOTAL:							535.00

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PATIENT NO:  
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BILLING DATE  
12/20/17

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PATIENT:  
CANNON OLIVIA NOELLE

AUSTIN

ADMITTED  
12/11/17

DISCHARGED  
12/16/17

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
424-PHYS THERP/EVAL							
121317	13B998	0762	674506	97163GP	1	EVAL PT HIGH COMPLEX	572.00
SUBTOTAL:							572.00
430-OCCUPATIONAL THERAPY							
121317	13B998	0766	490236	97530GO	3	THER ACTIV DIR 15 MIN	480.00
121417	14B194	0766	490237	97535GO	1	SELF/HOME ONE/ONE 15M	160.00
121417	14B194	0766	490236	97530GO	1	THER ACTIV DIR 15 MIN	160.00
SUBTOTAL:							800.00
434-OCCUP THERP/EVAL							
121317	13B998	0766	490854	97167GO	1	EVAL OT HIGH COMPLEX	463.00
SUBTOTAL:							463.00
636-DRUGS REQUIRING DET CODE							
121117	11B436	0712	712306	J2250	2	MIDAZOLAM 2 MG INJ	73.00
121117	11B436	0712	712182	J3010	3	FENTANYL CIT 0.25 MG I	73.00
121117	11B436	0712	712306	J2250	2	MIDAZOLAM 2 MG INJ	73.00
121117	11B436	0712	712705	J2704	400	PROPOFOL 1000 MG INJ	372.00
121117	11B436	0712	712467	J2405	4	ONDANSETRON 4 MG VL	65.00
121117	11B436	0712	712139	J1100	4	DEXAMETH NA PHOS 4 MG	48.00
121117	11B508	0712	712127	J0690	2	CEFAZOLIN 1 G VL	86.00
121117	11B436	0712	712521	J3490	1	CMPD-HYDROMORP 1000MCG	73.00
121117	11B436	0712	712139	J1100	4	DEXAMETH NA PHOS 4 MG	48.00
121117	11B436	0712	712689	J7999	1	CMPD KETMN 100MG 10S	71.00
121117	11B591	0712	712127	J0690	4	CEFAZOLIN 1 G VL	172.00
121117	11B509	0712	712521	J3490	1	CMPD-HYDROMORP 1000MCG	73.00
121117	11B571	0712	712521	J3490	1	CMPD-HYDROMORP 1000MCG	73.00
121117	11B571	0712	712521	J3490	1	CMPD-HYDROMORP 1000MCG	73.00
121117	11B540	0712	712688	J7999	1	CMPD HYMOR 11MG 55S	273.00
121217	12B731	0712	712467	J2405	4	ONDANSETRON 4 MG VL	65.00
121217	12B817	0712	712467	J2405	4	ONDANSETRON 4 MG VL	65.00
121217	12B646	0712	712467	J2405	4	ONDANSETRON 4 MG VL	65.00
121217	12B646	0712	712127	J0690	4	CEFAZOLIN 1 G VL	172.00
121217	12B646	0712	712688	J7999	1	CMPD HYMOR 11MG 55S	273.00
121217	12B763	0712	712158	J1885	2	KETOROLAC 30 MG INJ	48.00
121217	12B817	0712	712158	J1885	2	KETOROLAC 30 MG INJ	48.00
121317	13B868	0712	712467	J2405	4	ONDANSETRON 4 MG VL	65.00
121317	13B935	0712	712467	J2405	4	ONDANSETRON 4 MG VL	65.00
121317	13B937	0712	441871	J2800	1	METHOCARBAMOL 1G/10ML	436.00
121317	13B868	0712	712158	J1885	2	KETOROLAC 30 MG INJ	48.00
121317	13B937	0712	712139	J1100	4	DEXAMETH NA PHOS 4 MG	48.00

THIS IS AN ITEMIZED STATEMENT AND DOES NOT INCLUDE  
PAYMENTS OR ADJUSTMENTS MADE AFTER DATE OF DISCHARGE.



PATIENT NO:  
MED REC NO:  
GUARANTOR NO:



BILLING DATE  
12/20/17

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PATIENT:  
CANNON OLIVIA NOELLE

AUSTIN



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12/11/17

DISCHARGED  
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DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/HCP	QTY SERVICE DESCRIPTION	CHARGES
121617	16B550	0712	712467	J2405	4 ONDANSETRON 4 MG VL	65.00
SUBTOTAL:						3109.00
710-RECOVERY ROOM						
121117	12B820	0704	260006		1 RECOVERY 0-30 MIN	1395.00
121117	12B820	0704	260007		1 RECOVERY EACH ADD'L 30	448.00
SUBTOTAL:						1843.00
999-NON CHGS						
121117	11B510	0728	350298		1 REQUEST FOR SERVICE	.00
SUBTOTAL:						.00
TOTAL ANCILLARY CHARGES						99238.00

DATE OF PAYMENT	BATCH REFER	PAY TYPE	PROC	INS PLAN	BILL THRU DT	DESCRIPTION / COMMENT	AMOUNT
12/11/17	11IB01	1	960549			HPS PMT MASTERCARD	1,622.16
TOTAL PAYMENTS							1,622.16
TOTAL CHARGES							106383.00
PAYMENTS							1622.16
ADJUSTMENTS							.00
BALANCE							104760.84

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